

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213529242					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NATIONAL MILITARY INTELLIGENCE ASSOCIATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: FORREST R FRANK 4639 LAMBERT DR ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: 03230935</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4639 LAMBERT DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22311</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANTONIO DELGATO TITLE: VICE PRESIDENT ADDRESS: 10521 MEREWORTH LANE CITY/ST/ZIP/CO: OAKTON, VA 22124-1760 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ANTONIO DELGATO TITLE: VICE PRESIDENT ADDRESS: 10521 MEREWORTH LANE CITY/ST/ZIP/CO: OAKTON, VA 22124-1760	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANTONIO DELGATO TITLE: VICE PRESIDENT ADDRESS: 10521 MEREWORTH LANE CITY/ST/ZIP/CO: OAKTON, VA 22124-1760	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FORREST R FRANK TITLE: DIRECTOR ADDRESS: 4639 LAMBERT DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: FORREST R FRANK TITLE: DIRECTOR ADDRESS: 4639 LAMBERT DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: FORREST R FRANK TITLE: DIRECTOR ADDRESS: 4639 LAMBERT DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK LOVINGOOD TITLE: TREASURER ADDRESS: 5908 BIG TREET CT CITY/ST/ZIP/CO: ELKRIDGE, MD 20715 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARK LOVINGOOD TITLE: TREASURER ADDRESS: 5908 BIG TREET CT CITY/ST/ZIP/CO: ELKRIDGE, MD 20715	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARK LOVINGOOD TITLE: TREASURER ADDRESS: 5908 BIG TREET CT CITY/ST/ZIP/CO: ELKRIDGE, MD 20715	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES WILLIAMS TITLE: CHAIRMAN ADDRESS: 8928 MAURICE LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES WILLIAMS TITLE: CHAIRMAN ADDRESS: 8928 MAURICE LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES WILLIAMS TITLE: CHAIRMAN ADDRESS: 8928 MAURICE LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM ARNOLD TITLE: DIRECTOR ADDRESS: 4805 TABARD PLACE CITY/ST/ZIP/CO: ANNANDALE, VA 22003-4502 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM ARNOLD TITLE: DIRECTOR ADDRESS: 4805 TABARD PLACE CITY/ST/ZIP/CO: ANNANDALE, VA 22003-4502	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WILLIAM ARNOLD TITLE: DIRECTOR ADDRESS: 4805 TABARD PLACE CITY/ST/ZIP/CO: ANNANDALE, VA 22003-4502	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	THOMAS BREWER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TAD PGS		
CITY/ST/ZIP/CO:	1001 3RD AVE WEST BRADENTON, FL 34205		
NAME:	CALLAND CARNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11078 SAFFOLD WAY		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	DAVID DEPTULA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3476 LLOYD HILL CT		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		
NAME:	JANE FLOWERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1943 SHIVER DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307-1631		
NAME:	MICHAEL GREBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5416 NORTH 31ST STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	CHARLES "JOE" GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11955 FREEDOM DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	DAVID HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secretary		
ADDRESS:	8416 SWEET PINE COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153-1823		
NAME:	WILLIAM HALPIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12011 SUNSET HILLS RD		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	WILLIAM SPRACHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8526 OAK POINTE WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22039		
NAME:	GERALD YORK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4005 BELLE RIVE TERRACE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	Michael M Ferguson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9212 Macswain Place		
CITY/ST/ZIP/CO:	Springfield, VA 22153		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Louis Tucker DIRECTOR Mission Sync LLC 506 Delano Dr SE Vienna, VA 22180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tracy Iseler DIRECTOR Accentue Inc 3130 P St NW Washington, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kelly McClanahan DIRECTOR 1200 S Courthouse Rd Suite 124 Arlington, , VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FORREST R FRANK	FORREST R FRANK, DIRECTOR	6/24/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			